

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2006</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818),)		Docket Number (Optional) 04305/0202820-US0		
Application Number	10/533,387-Conf. #5182	Filed July 20, 2005		
For INK COMPOSITION FOR INK-JETTING UPON SUBSTRATES FOR A PRINT FORM, PROCESS FOR PRODUCING IT, AND METHOD OF PREPARING A LITHOGRAPHIC PRINT FORM				
Art Unit	1752	Examiner B. L. Gilliam		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.				
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$ 120.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	Fee \$450	Small Entity Fee \$225	\$ _____
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	Fee \$1020	Small Entity Fee \$510	\$ _____
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	Fee \$1590	Small Entity Fee \$795	\$ _____
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	Fee \$2160	Small Entity Fee \$1080	\$ _____
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u> . I have enclosed a duplicate copy of this sheet.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>25,351</u> <input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____.				
 <u>S. Peter Ludwig</u> _____ Signature _____ S. Peter Ludwig _____ Typed or printed name _____				
January 17, 2007 Date _____ (212) 527-7770 Telephone Number _____				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.				
<input type="checkbox"/>	Total of 1 forms are submitted.			